



## **Texas Department of Insurance**

### **Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

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## **MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**

### **GENERAL INFORMATION**

**Requestor Name**

Channelview Medical Center

**Respondent Name**

Zurich American Insurance Co

**MFDR Tracking Number**

M4-14-2265-01

**Carrier's Austin Representative**

Box Number 19

**MFDR Date Received**

March 25, 2014

### **REQUESTOR'S POSITION SUMMARY**

**Requestor's Position Summary:** "Services were denied for the following reason(s): Claim/Service lacks information or has submission/billing errors which are needed for adjudication. Proper HCFA and all records were included in the initial submission."

**Amount in Dispute:** \$180.10

### **RESPONDENT'S POSITION SUMMARY**

**Respondent's Position Summary:** "There is no referring provider or other source indicated. Also, the rendering provider's state license number is required when the rendering provider is not the billing provider listed in CMS-1500 field 33. In addition, the render provider's NPI number is required when the rendering provider is not the billing provider listed in CMS filed 33 and rendering provider is eligible for an NPI number. Bill is denied correctly."

**Response Submitted by:** Gallagher-Bassett Services, Inc, 11940 Jollyville Rd, Suite 210-N, Austin, TX 78759

### **SUMMARY OF FINDINGS**

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
December 12, 2013	99213, 99080	\$180.10	\$0.00

### **FINDINGS AND DECISION**

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

**Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 23 Texas Administrative Code §133.10 sets out requirements related to billing forms and formats.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:
  - 6 – Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.

**Issues**

1. Did the requestor comply with billing requirements of the division?
2. Is the requestor entitled to reimbursement?

## **Findings**

1. The insurance carrier denied the disputed charges as, 16 – “Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Per 28 Texas Administrative Code §133.10(f) states in pertinent part, “(f) All information submitted on required paper billing forms must be legible and completed in accordance with this section. The parenthetical information following each term in this section refers to the applicable paper medical billing form and the field number corresponding to the medical billing form.” Review of the submitted medical bill finds the following;
  - a. Line 17, (a), and (b) – this section only required when treating the injured employee after receiving a referral from their treating physician. License entered in 17(a) must include the 'OB' qualifier, the license type, license number, and jurisdiction code or 0BDC10142TX. As the treating physician provided the exam this section would not have been required.
  - b. Line 24(j) – “rendering provider's state license number (CMS-1500/field 24j, shaded portion) is required when the rendering provider is not the billing provider listed in CMS-1500/field 33; the billing provider shall enter the 'OB' qualifier and the license type, license number, and jurisdiction code” or 0BDC10142TX. This information was incomplete.
  - c. Line 33(b) – “billing provider's state license number (CMS-1500/field 33b) is required when the billing provider has a state license number; the billing provider shall enter the 'OB' qualifier and the license type, license number, and jurisdiction code.” This field was blank, Rule 133.10 (i) states in pertinent part, “(i) when a health care provider does not have a state license number, the field is submitted with only the license type and jurisdiction code (for example, DCTX). Complete listing of license type can be found in section (i) of above referenced rule.
2. Review of the submitted documentation finds that the carrier's denial is supported. No payment can be recommended.

## **Conclusion**

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

## ***ORDER***

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

## **Authorized Signature**

_____ Signature	_____ Medical Fee Dispute Resolution Officer	July 14, 2014 Date
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## ***YOUR RIGHT TO APPEAL***

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**